## City of San Antonio Development Services GeoSpatial Division



## **Address Request/Change**

Fill out the following request form as accurately as possible and return by mail, hand delivery, or fax to:

Building Location Specialist Development Services Department 1901 S. Alamo, San Antonio, Texas 78204 Fax: (210) 207-6073

| Application Information: Name of applicant:  |  |   |
|--|--|---|
| Agency Name:   |  |   |
|  |  | Email:  |
|  |  |   |
|  |  | Date:   |
| Property Location:<br>Street Name and Number (If known):_  |  |   |
| Subdivision Plat Name:   |  |   |
| Section and Township of subject prope  | rty (If known):  |   |
| Property type: Single Family Res   | idence APT/CONDO   | Commercial  |
|  | lude any intersecting streets within   | 500 feet of the subject property, and their Directionals (N, S, E, and the site plan and Recorded Plat with this application. |
| Reason for Address Request:  New Construction Existing nu  | umbers out of sequence P   | roperty Split/Merge   |
| Existing Address Change Requests: Your address is eligible for change if it proper numerical sequence with surroundifor change if it does not coincide with the din General: The application must provide all informations | meets one or more of the followin<br>ng addresses, contains a fraction, of<br>triveway entrance.<br>ation prior to processing of the re<br>ocess your request and issue your | S*************************************  |
| (FOR OFFICE USE ONLY)  |  |   |
| Date entered in Master Address Reco<br>Fax notification date:  |  |   |
| GIS notification date:   |  |   |
| Owner/Agent notification date:   | Mai  | 1 Email Fax   |